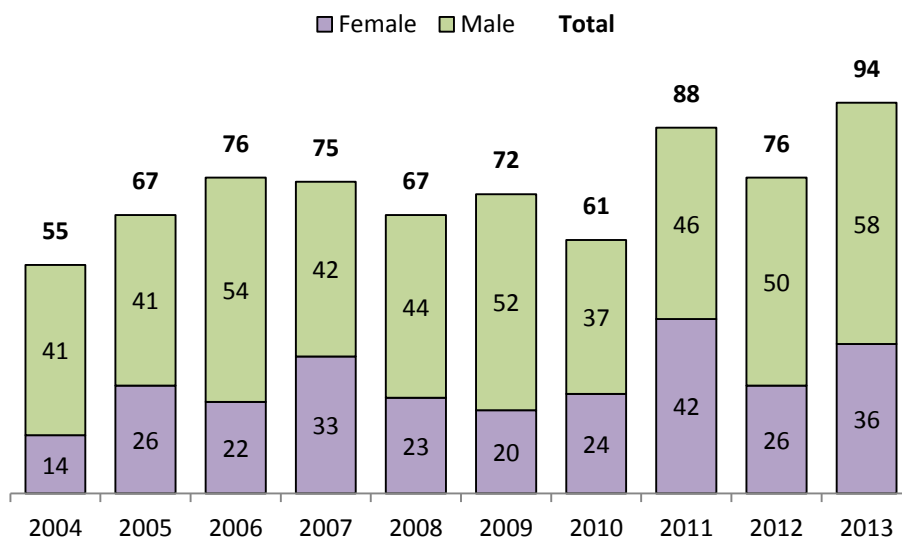


# Data Brief: Vermont Drug-Related Fatalities 2004-2013

**Summary:** Vermont drug-related fatalities data come directly from the Office of the Chief Medical Examiner (OCME) and are based on deaths that occur in Vermont. This data brief presents data from January 1, 2004 to December 31, 2013. The drug-related fatalities reported here include accidents, suicides and undetermined drug-related fatalities. This report does *not* include deaths due to the consequences of chronic substance use such as HIV, liver disease, or infection. This report also does not include deaths due to injury such as car crashes related to substance use or abuse. In 2011 and then again in 2013 there was a **spike** in all categories of drug-related fatalities. In 2013 there was a **spike in heroin-related fatalities**.

**Analysis:** This analysis is focused on fatalities related to controlled prescription drugs and illegal substances, therefore, insulin- and anticoagulant-related deaths were not included in any of these analyses. It is important to note that most drug-related fatalities are due to combinations of substances (e.g., a prescription opioid and cocaine), not a single drug. It is also important to note that the circumstances under which each of these fatalities occurred are unique, and cannot all be attributed to addiction and/or dependence. Figure 1 shows the total number of drug-related fatalities by year and gender.

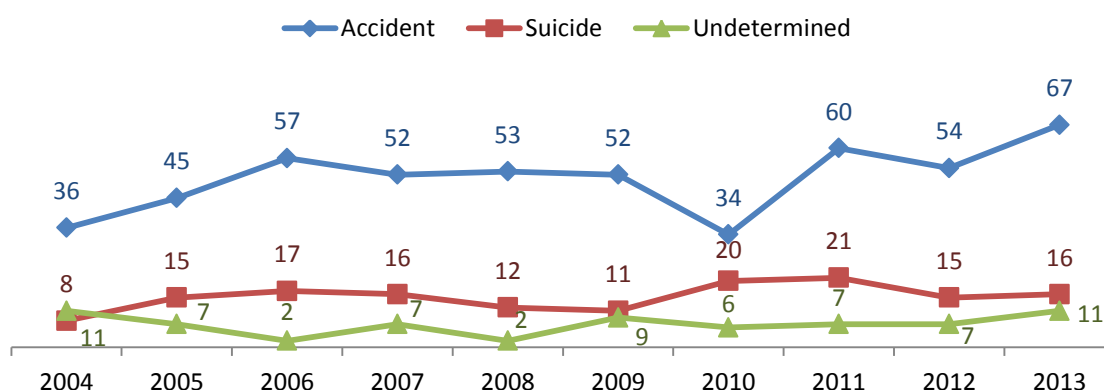
**Figure 1. Total number of drug-related fatalities by year and gender  
January 1, 2004 through December 31, 2013**



In addition to the type of drug implicated in the cause of death, the manner of death is also recorded. Figure 2 shows the manner of death for all of the drug-related fatalities in any given year between 2004 and 2013. Note that there was one drug-related homicide in 2010 (not shown in Figure 2).

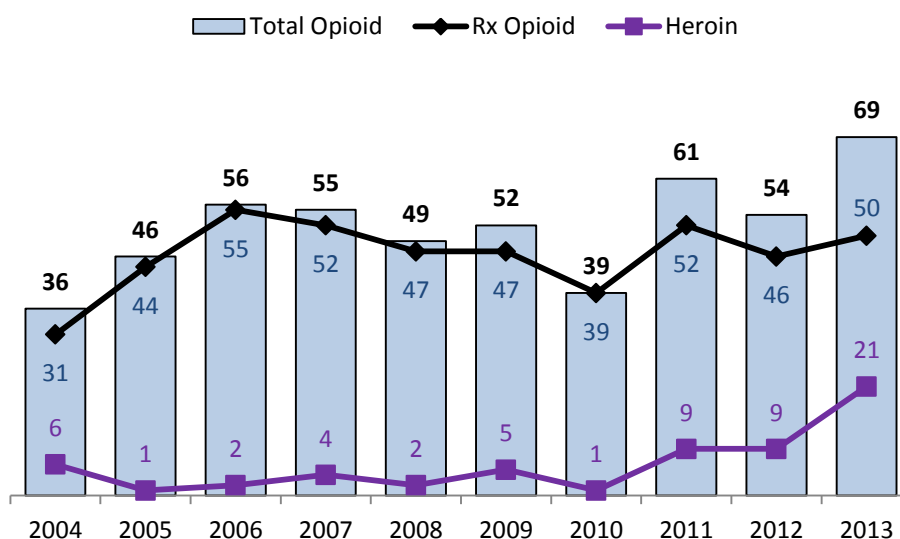
**Sources:** All data is from the Office of the Chief Medical Examiner. This brief is a joint product of the Vermont Department of Health, Health Surveillance, Shayla Livingston, MPH, the Office of the Chief Medical Examiner and the State Epidemiological Outcomes Workgroup (John S. Searles, Ph.D., Chair). Please contact Shayla Livingston with any questions: [shayla.livingston@state.vt.us](mailto:shayla.livingston@state.vt.us) or 802-863-6337.

**Figure 2. Number of drug-related fatalities by year and manner**  
January 1, 2004 through December 31, 2013



Public attention has been primarily focused on prescription opioid misuse and abuse. Figure 3 shows all fatalities that involved an opioid – note that the majority of fatalities involve multiple substances (e.g. oxycodone, alcohol and cocaine).

**Figure 3. Total number of drug-related fatalities involving an opioid**  
January 1, 2004 through December 31, 2013



The categories in Figure 3 are defined: *Rx opioids* includes prescription opioids (but excludes Tramadol); *Heroin* includes heroin; and *Total Opioid* includes prescription opioids, opioids not otherwise defined, and heroin. Prescription opioid and heroin deaths do not add to total opioid deaths (they are not mutually exclusive). There is **no specific trend** in fatalities due to prescription opioids in the past nine years. In 2013 there was a **spike in heroin-related fatalities**.

**Conclusion:** According to data from the Office of the Chief Medical Examiner, drug-related fatalities in Vermont have not changed greatly over the past nine years, although there was an overall spike in 2011 and again in 2013, and a heroin spike in 2013. It is notable that suicide comprises approximately one-fifth of drug-related fatalities in Vermont from 2004 to 2013.